

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Timothy Scott Shaffer :  
Serial No.: 10/630,251 : Group No.: 1792  
Filed: July 30, 2003 : Examiner: Stinson, Frankie L.  
For: APPARATUS AND METHODS FOR :  
RINSING WASHING MACHINES :  
:

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Amendment After Final Transmittal (3 pgs.)  
Amendment After Final in response to the Final Office Action dated May 30, 2008 (8 pages)

**STATUS**

2. Applicant  
 claims small entity status.  
 is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

(a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 120.00	\$ 60.00
second month	\$ 460.00	\$ 230.00
third month	\$ 1,050.00	\$ 525.00
fourth month	\$1,640.00	\$ 820.00
fifth month	\$2,230.00	\$1,115.00

Fee: \_\_\_\_\_ \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

(b)  \_\_\_\_\_ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL.. RATE FEE ..	ADDITIONAL, RATE FEE	
TOTAL INDEP.	MINUS	=	x \$25.00 = \$	x \$50.00 = \$	
	MINUS	=	x \$100.00 = \$	x \$200.00 = \$	
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+ \$360.00 = \$	
			TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a)  No additional fee for Claims is required

OR

(b)  Total additional fee for claims required \$ \_\_\_\_\_

## FEE PAYMENT

5. Attached is a check in the sum of \$\_\_\_\_\_

Charge Deposit Account No. 01-2384 the sum of \$.

## Fee Deficiency

6.  If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

## AND/OR

If any additional fcc for claims is required, charge Deposit Account No. 01-2384.

7.  Other:

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